

These Bear the Torch

*New York State's Program
for Mental Health*

Templeton

*These bear the torch, these healers of tormented minds,
Lighting the haunted darkness of unfathomed fear,
Guiding safe home the wanderer whose errant feet
Have followed fancy's beckoning to distant worlds,
Flashing a beacon over those uncharted seas
Of storm and conflict where frail human craft
Founder strife-torn in blackness and despair.
These bear the torch, kindled at the eternal fires,
Whose leaping flame burns with the pure white light of truth.*

FIVE YEARS OF PROGRESS IN MENTAL HYGIENE

achieved by
THE STATE OF NEW YORK

THOMAS E. DEWEY
GOVERNOR

FREDERICK MAC CURDY
COMMISSIONER OF MENTAL HYGIENE

New York (State) Department of Mental Hygiene
Governor Alfred E. Smith State Office Building
Albany 1, N. Y.

G-6 June, 1949

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“It is the aim of this administration to see that New York State’s mental patients receive the fullest benefit of modern therapeutic care and that every possible provision is made for their comfort and well-being. With mental illness occurring today in one out of every five families, the care of the mentally ill, the study of mental disorders, and the maintenance of public mental health are one of the most important phases of state government.”

—THOMAS E. DEWEY.



GOVERNOR DEWEY, ACCOMPANIED BY THE COMMISSIONER OF MENTAL HYGIENE AND THE
DIRECTOR OF THE HOSPITAL, SAMPLES THE FOOD DURING AN INSPECTION
TOUR AT ROCKLAND STATE HOSPITAL.

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436405



"CONFLICT"---PAINTING EXECUTED BY A MENTAL PATIENT PROJECTS EMOTIONAL TURMOIL

Disorders of the Human Mind

The delicate balance of a complicated precision instrument is frequently disrupted by even the slightest variations in humidity or temperature, by vibrations, air pressure, and by such subtly disturbing conditions as the presence of a magnetic force. In much the same way, that incredibly complex, finely adjusted mechanism, the human mind, can be thrown out of focus by the impingement of pernicious environmental factors. These factors may be present at birth or in early infancy; they may accumulate over a considerable portion of the life span; or they may suddenly develop at any given period. Sometimes they are clear-cut and obvious to the trained observer. Often they are obscured by a tangled web of emotional relationships that must be patiently unraveled in the course of psychiatric study, diagnosis, and treatment.

While there are infinite variations in the disintegration of the individual personality, mental disorders fall into certain general patterns. A manic-depressive psychosis is characterized by alternating periods of elation accompanied by overactivity, and depression accompanied by physical and emotional lethargy. Schizophrenia (also known as dementia præcox) has as its fundamental mechanism the introversion of the personality and a withdrawal from reality. Paranoia, the psychosis characterized by systematized delusions, is not very common, but many other disorders include paranoid tendencies, among which paranoid dementia præcox is the most frequently encountered.

Most mental disorders can be ascribed to the inability of the patient to adjust to inner conflicts and outer stresses but other cases are due to purely physical causes, such as a head injury, syphilitic infection of the nervous system (general paresis), or hardening of the arteries (arteriosclerosis) of the brain. The last is found particularly among elderly persons and accounts for a large proportion of the aged in mental hospitals. Another frequent cause of derangement among persons over sixty is senility, the general mental deterioration that may accompany advanced age. Where there is actual physical alteration of the brain tissue, the disease can sometimes be arrested but only a small percentage of such patients can be restored to the community. The victims of these diseases require medical and nursing care and can be made comfortable, even happy and contented, in a sympathetic

environment. It is possible, however, for persons afflicted with mental disorders originating from causes other than organic deterioration, to be cured or at least sufficiently improved to resume their place in society. These sufferers therefore require, in addition to general nursing care, the treatment that science prescribes for their respective ills.

It must be understood that, in general, mental illness is the collapse of a personality with normal intellectual capacities, and the ultimate goal of treatment is the restoration of normal capacities. There is another group of unfortunates, however, whose minds never reach full normal development but are permanently arrested at one of the various stages of childhood. These are the mental defectives, whose deficiency exists at birth or develops during early childhood and is static throughout life, although some measure of improvement is possible. These may be the children who cannot keep pace with their contemporaries in school, whose habits and attitudes remain infantile, whose learning difficulties preclude adjustment to the simple requirements of everyday living. Others may adjust reasonably well to grade school but later become involved in social difficulties because of their inadequate judgment. They constitute a heartbreaking problem for parents and teachers. Their requirement is a special school, geared to their limited capacities and staffed by trained personnel, where their abilities can be developed to the highest possible degree and they can be prepared for independent living either in an institution or in the community.

A third cause of mental incapacity is epilepsy, whose victims are subject to periodic seizures attended by loss of consciousness. In many instances the disease is accompanied by emotional and intellectual deterioration. While only the most severe cases require hospitalization, those that do, need highly specialized institutional care including medical and psychiatric treatment.

The problem of caring for these mentally incapacitated persons has existed since the beginnings of society. Today it is being approached scientifically as a function of government on a scale unprecedented in history. The magnitude of the problem is indicated to some degree by the fact that under the stresses of our complex modern civilization mental illness occurs in one of every five families and one person in twelve suffers at some time during his life from a mental disorder requiring institutional care. In New York State the Department of Mental Hygiene, largest department in the state government, is concerned with the maintenance of mental health and the care and treatment of the mentally afflicted, operating a vast system of hospitals for the mentally ill and schools for the feeble-minded as well as a special institution for epileptics.

The Problem of Caring for the Mentally Ill

The progress of mankind and the development of civilization are synonymous with the refinement of man's attitudes in his relationships with his fellow men. With the growth of culture there is a recognition of the dignity of the human body and the integrity of the soul. The science of medicine, perhaps the most obvious manifestation of the refining process, is concerned today with preserving or restoring the *complete* human being, ministering to the sick mind as well as the ailing body. It is shocking to realize that only recently in the entire history of man has medical science been applied to mental illness. As an outgrowth of ignorance and the superstition to which it gave rise, the treatment of unfortunates afflicted with mental disorders was characterized by callousness and brutality. It is not very long since they were believed to be possessed of devils which had to be exorcised by cruel and barbaric methods. It was common practice even as recently as the last century to chain or subject to other harsh restrictive measures the persons labeled "insane." Only decades ago the major provision made for their care was in jails and almshouses—a situation which obtains to this day in certain areas.

The concept of humane care of the mentally incapacitated as a public obligation developed gradually. Wherever there was enlightened government, public institutions were established for the purpose. Among the earliest of these in this country was the "insane asylum" at Utica provided by the State of New York more than 100 years ago. Gradually assuming a position of leadership in the field, New York State has since built up an effectively functioning system, today comprising 27 mental institutions.

The rapid development of psychiatry in the twentieth century has brought a changing emphasis in the care of the mentally ill. Abnormal behavior was recognized as a manifestation of disease—as a symptom of mental sickness, which like physical sickness, is susceptible of curative treatment. Gradual understanding of the inter-relationship of mental and physical illness, the fine adjustment of the central nervous system to mental processes, the inseparable identity of the mind and body, which form the basis of psychosomatic medicine, brought into focus the essentially medical function of any institution concerned with mental disorders. The objective of these institutions shifted from



**BEDLAM 1815---UNSPEAKABLE PHYSICAL
DISCOMFORT, CRUELTY AND NEGLECT**

the mere custody of the mentally diseased to the relief, improvement, or possible cure of their illness. Insane asylums became mental hospitals.

The efficacy of certain curative measures, such as shock therapy, was recognized in research centers throughout the world, and in the more progressive hospitals these were put into practice as facilities became available. Complete medical care of patients' physical diseases and defects likewise became an integral part of the hospital routine.

Governor Dewey's deep interest in the problem of caring for the mentally ill and his determination that New York State's institutions must remain in the forefront of the mental hygiene field resulted in a reorganization of the Mental Hygiene Department with centralization of administrative control. In 1943 the governor appointed as commissioner of mental hygiene Dr. Frederick MacCurdy, a physician whose many years of experience in hospital administration peculiarly fitted him for the task of co-ordinating and directing the extensive New York State system. The new commissioner proceeded at once with the implementation of the governor's proposals for further raising the level of care in all state institutions through the expansion of the central administrative organization in Albany.

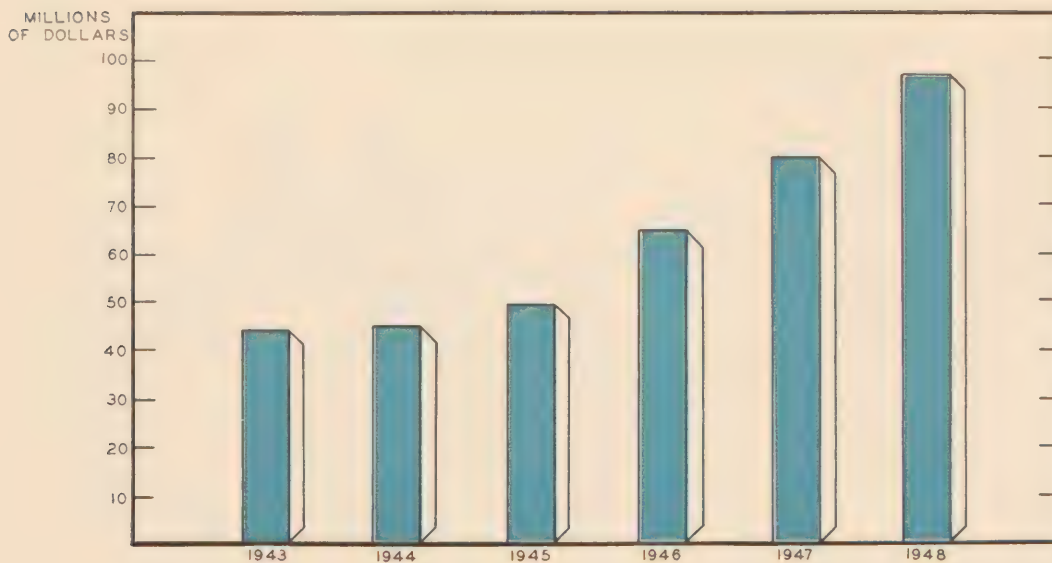
A number of administrative positions were established and filled, including three assistant commissioners, an administrative advisor, a farm consultant, and several directors to supervise various important functions of the hospitals and schools. The new directorships were in the fields of nursing services, nutrition services, personnel, and public relations. Two vacant positions, director of occupational therapy and supervisor of physical training, were filled at the same time. The result was an efficient, carefully co-ordinated setup for centralized direction of the department's 27 institutions.

The reorganization program placed particular emphasis on the importance of improved therapy through the expansion of medical facilities for the treatment of patients. The improvement of diet was also stressed, in terms of variety and attractiveness as well as nutritional values. The governor and the legislature supported the program through successive increases in the department's annual appropriation. In 1942-43 the appropriation for mental hygiene was \$40,000,000; for 1948-49 it is \$107,000,000. This tremendous increase in available funds has made possible substantial progress in the realization of the department's objectives.

Conditions which have not measured up to desired standards have been due in most instances to overcrowding and lack of trained personnel particularly throughout the war period. The latter situation

NEW YORK STATE MENTAL HOSPITAL 1948--
CLEAN COMFORTABLE ACCOMMODATIONS
AND COMPLETE MEDICAL CARE





APPROPRIATIONS FOR MENTAL HYGIENE 1943-1948
(THESE FIGURES DO NOT INCLUDE APPROPRIATIONS FOR CAPITAL PROJECTS)

is being met by an augmented training program which includes in-service education of employees and also aims at recruitment from various outside sources. Salary increases and the improvement of working conditions have also served to alleviate the shortage of help. The problem of overcrowding, however, can be solved only on a long-term basis of expansion through the construction of new buildings and the replacement of obsolete structures.

The department has evolved an over-all building program consisting of 300 projects. Through the efforts of the governor \$66,000,000 of the postwar reconstruction fund was set aside for part of this program approved by the Postwar Public Works Planning Commission. There has been considerable progress in planning and some actual construction is under way, but the program has been hampered first by the war and then by the material and labor shortages and skyrocketing costs that have throttled building throughout the country in the postwar years. The groundwork is being laid, however, and each project is being planned with the utmost care, so that there can be immediate action upon the return of the building industry to an even keel.

The last five years have marked a significant advance in the history of mental hygiene in New York State, which by virtue of New York's position of leadership in the field, will contribute immeasurably to the progressive development of mental institutions throughout the world.

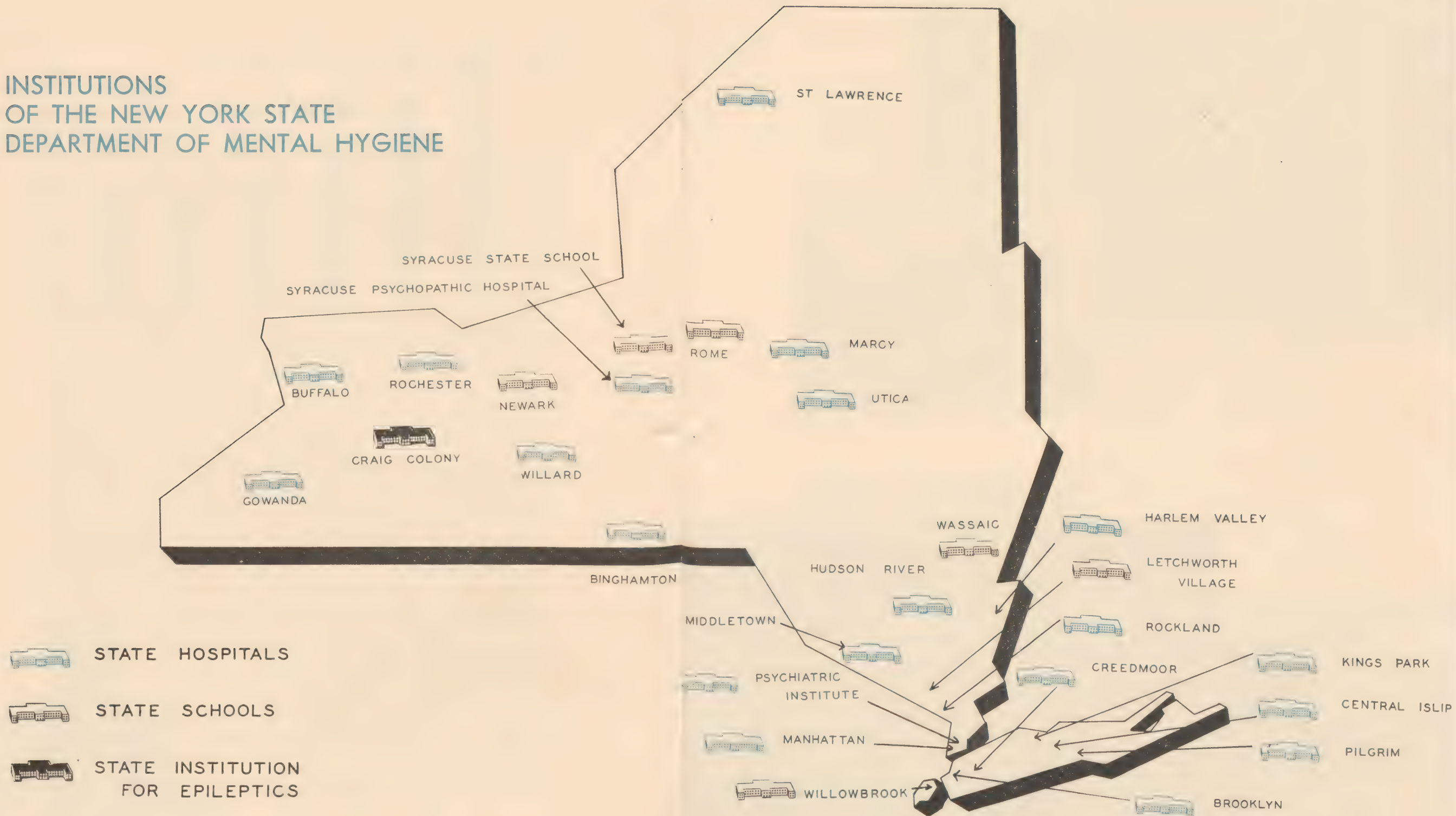
The New York State System

State care for the mentally ill has been provided in New York for over 100 years. In 1899 the State Lunacy Commission was created to supervise the mental hospitals, then six in number. From this commission has evolved the present Department of Mental Hygiene, organized in 1927 under a single commissioner. Since the passage of the State Care Act in 1890 the state has borne full responsibility for the care of the indigent mentally ill. The laws of 1896 made provision for reimbursement by patients, or their legally liable relatives, for all or part of the money expended by the state for their care. Under such an arrangement, adjusted to financial ability and carefully calculated to avoid hardship, the state is able to accept patients who are not completely indigent yet cannot afford the cost of private institutional care. The degree to which the state bears the burden in the field of mental disease is indicated by the fact that 93 per cent of the mentally ill under institutional care in New York State at the present time are under the care of state institutions.

Today the Department of Mental Hygiene operates twenty hospitals for the mentally ill, six schools for mental defectives, and a hospital for epileptics, which care for 108,000 patients (95,000 actually in the institutions) and require more than 24,000 employees. In addition to the care and treatment of patients, its functions include research in the nature and causes of mental disorders, for which purpose the Psychiatric Institute is maintained in New York City; public education through the publication of scientific periodicals and various popular brochures, as well as the radio, the press and other media; and a program of prevention based on the maintenance of child guidance clinics in 110 communities throughout the state. The administrative offices of the department occupy the entire eighteenth floor of the State Office Building in Albany with branches in New York City and Buffalo, and employ a staff of 225. The operation of this huge system requires more than one quarter of the state's annual budget.



INSTITUTIONS OF THE NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE



THE STATE HOSPITALS

At the present time New York State's mental hospitals are responsible for 87,468 patients. In general they are residents of the area in which the hospital is located. The patients are principally adults, but some provision is made for children at Kings Park, Rockland, and the Psychiatric Institute. As in all of the state institutions, accommodations are available only for those who cannot be properly cared for at home, and who constitute a danger to themselves or others.

All state hospitals provide modern hospital treatment for physical diseases and defects as well as special treatment for mental disorders. Upon admission to the hospital each patient is given a thorough physical and mental examination; tentative diagnosis is made and appropriate treatment is instituted. From the time the patient is received, the objective of the hospital is to achieve, through scientific care and the application of proper therapy, either the complete cure of his ailment or sufficient improvement to restore him to the community.

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PILGRIM





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KINGS PARK



ROCKLAND

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THE STATE SCHOOLS

The state schools for the mentally defective provide for the retarded the same physical care that is given in the hospitals and the highly specialized type of training that is required to give them some degree of self-reliance and help them to adjust to the community. As in the hospitals, each new admission receives a thorough physical and mental examination, is placed under treatment for any physical diseases or defects, and is classified according to learning capacity so that he can be grouped with those whose abilities are on a level with his own. Higher grade children are taught to read and write, but the emphasis in the school work is placed on manual and vocational training and the inculcation of proper social habits. Younger children are patiently taught to dress and feed themselves and to establish good habits of personal hygiene. Games and exercises help them to develop motor co-ordination. As they acquire simple skills they are encouraged to learn some kind of useful work. When the child has developed a fair degree of working efficiency he is placed in an institution industry or a colony and his training in useful lines of work and in social adjustment is continued.

Colonies are operated by the state schools in large farmhouses or in spacious village homes outside of the institution grounds. These are for patients who have become sufficiently self-reliant to live under conditions approximating those of family living. The colonies constitute intermediate stations between the main institution and free community life. They are designed to train the boys and girls to work outside the institution, preparing them for economic independence and teaching them how to conduct themselves as they return to society.

Some 18,756 patients are provided for by state schools today.

WASSAIC

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LETCHWORTH VILLAGE

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NEWARK

THE STATE INSTITUTION FOR EPILEPTICS

Craig Colony for Epileptics was established in 1892 at Sonyea in Livingston County on a 1,782-acre tract which was originally a Shaker farm colony. The institution accepts dependent epileptics from any county in the state, its patients numbering 2,224 at the present time.

As in state hospitals for the mentally ill, patients are given full medical care, including special treatment for their convulsive disorders. Educational facilities are provided for children of school age and occupational therapy is prescribed for all but the completely disabled. Patients are classified according to mental and physical capacities with due regard to social adaptability and emotional stability, and a carefully planned regimen is prescribed for each to provide the particular type of exercise, social contact and intellectual stimulus that his condition requires. If their abilities permit, they are assigned to cottages where they live under close supervision in fairly normal surroundings.

CRAIG COLONY

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Care and Treatment of Patients

The modern concept of complete scientific care for the mentally ill embraces every phase of the patient's daily life. It includes the satisfaction of his physical needs in medical attention, clean comfortable living quarters, and nourishing food; the treatment of his mental disturbance through various prescribed therapies; the planning of a co-ordinated daily regime which leaves a minimum of his time unoccupied; and the provision of the human values which influence morale and emotional adjustment—the imponderable qualities of encouragement, approbation, and impersonal affection which are an integral part of skilled sympathetic nursing. It goes beyond the walls of the hospital into the patient's home, evaluating his mental disorder in terms of his environment and effecting such changes as are necessary to maintain his recovered health after he returns to the community. Finally it extends the benefits of psychiatric advice and clinical treatment to the restored patient for a considerable period after he has left the institution.

These principles have determined the standards of the New York State Department of Mental Hygiene. Upon them are based the established routines of the institutions and the program of continuous improvement emanating from an informed central administration alert to the constant modification in the body of knowledge produced by a growing science.

MEDICAL CARE

A complete physical and mental examination upon admittance provides the basis for the routine of medical attention determined for each patient according to his specific needs. The program established for the individual patient includes treatment of any physical diseases or defects and the application of appropriate therapies designed to cure or alleviate his mental disorder. The hospitals maintain visiting and consulting staffs of specialists in virtually every branch of medicine. These specialists are called in for treatment of special conditions and for major surgical operations. Competent dentists are employed full time to furnish regular dental care for all patients, and in view of the psychotherapeutic as well as physical value of prosthetics, dentures or bridges are provided for those who require them. The hospitals are equipped with complete modern facilities for examination and clinical treatment, including surgery.

In addition to the psychiatric techniques, which include individual and group interviews and discussions, certain special treatments for mental disorders are prescribed for the individual patient according to the nature of his derangement and his physical condition. Certain disorders such as general paresis (the organic disease of the brain

INSULIN SHOCK THERAPY

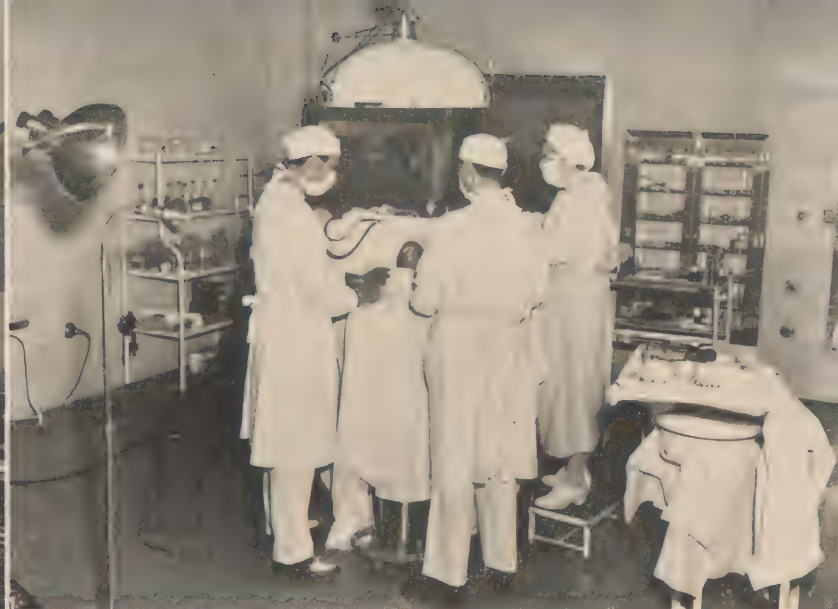


REGULAR DENTAL CARE





X-RAY EXAMINATION



BRAIN SURGERY

resulting from syphilis) are treated by pyretotherapy, which uses artificial malaria and other devices for raising the body temperature. Shock therapy, perhaps the most widely publicized treatment, has been used with considerable success. Brain surgery, particularly pre-frontal lobotomy, increasingly applied in recent years, has been effective in improving the behavior patterns of many otherwise "incurable" patients. In addition there are many adjunct therapies, among them the various physiotherapies such as diathermy, ultraviolet and Kromayer lamp therapy, and hydrotherapy, which includes several types of tonic or sedative baths.

The most significant advance in the treatment of mental illness during the last two decades has been in the development of the shock therapies. The first of these to come into general use was insulin shock therapy. In 1936, when the success of this method as applied in certain European hospitals first came to the attention of psychiatrists in this country, the Commissioner of Mental Hygiene made arrangements for Dr. Manfred Sackel of Vienna, leading authority on the subject, to introduce the technique at Harlem Valley State Hospital. Physicians of the other state hospitals received full instruction in the administration of insulin shock therapy. The method was then put into practice throughout the state system. It has since been widely

used in other states and countries. More recent experimentation and research have produced methods employing electricity in shock therapy, which have proved effective in treating manic-depressive psychosis, involutional psychosis (melancholia occurring between 45 and 60), certain cases of schizophrenia, and some forms of psychoneurosis. Insulin shock therapy is used primarily in cases of dementia præcox.

The various shock therapies, having been introduced and carefully studied in some of the hospitals, were extended to other hospitals as conditions permitted. To provide for a more uniform therapeutic approach Commissioner MacCurdy appointed a committee to prepare a handbook on the shock therapies for the use of state hospital physicians. The purpose of this *Guide to the Shock Therapies*, published in the fall of 1946, was to bring about uniform procedures in administering shock therapy and keeping records of treatment. Such uniformity among state hospitals in medical care and the recording of scientific data is a basic objective of the commissioner's comprehensive program.

NURSING SERVICES

As in all hospitals, the most direct link between physician and patient is the nurse or the attendant. Upon the professional skill of the registered nurse rests the administration of the daily medical routine prescribed by the doctor. Her familiarity with the techniques of special therapies, such as shock treatments, is an indispensable aid to the physician who applies them. It is her function and that of the attendant to minister in various ways to the physical requirements of the patient.

The nurse in a mental hospital, however, is concerned with more than the physical care of the patient. Her responsibility to him includes an intimate knowledge of his needs and the nature of his mental disturbance. She must win his confidence and establish herself as a friend who is interested in his welfare. She must meet his needs on a social or intellectual basis, exercising all her faculties to draw him out of himself and into contact with the world about him. Through patience, perseverance, and constant vigilance she trains him in good personal habits and guides him into normal channels of living.

Psychiatric nursing is a profession with infinite rewards in the achievement of human rehabilitation. The nurse who has expended much time and effort in meeting her patient's peculiar psychiatric requirements, giving generously of herself to help him overcome his difficulties, cannot but feel that she has made a real contribution to society when she sees her erstwhile helplessly disordered charge restored as a useful citizen to his own community.

It is obvious that the psychiatric nurse must have, in addition to the broad background of general nursing, considerable highly specialized training in the nature and treatment of mental disease and the techniques of the various therapies. New York State's psychiatric nurses receive this training in the state's own schools of nursing conducted in the mental hospitals. As in general hospitals, the services of the registered nurses are supplemented by those of student nurses, practical nurses, and ward attendants. High uniform standards of nursing care have been established for the entire system, which is now under the supervision of the director of nursing services.

The Department of Mental Hygiene exercises constant efforts to keep the nursing service at a maximum of efficiency. During and immediately following the war, when the armed forces had claimed so many of their ranks, the nurses of the New York State hospitals maintained a surprisingly high level of service in the care of their patients. Now, with an effective recruiting program in operation, they are finally being released from the terrific pressure under which they have worked for so long. Staffs depleted by the war are gradually being restored to full quota, and the training of subprofessional and lay personnel has been accelerated to keep pace with increasing demands upon them.





ABOVE---LOOMS ARE PROVIDED FOR VARIOUS TYPES OF WEAVING, ONE OF THE MOST POPULAR CRAFTS FOR BOTH MEN AND WOMEN. RIGHT---A PATIENT SHOWS ENTHUSIASTIC RESPONSE TO A LESSON IN BOOKBINDING.



OCCUPATIONAL AND RECREATIONAL THERAPY

More than a century ago, leaders in the movement for humane care of the mentally ill observed that employment was "one of the best medicines for certain forms of mental malady." This conclusion was based on evidence of improvement among mentally disordered persons whose remaining mental faculties and able bodies had been utilized in the performance of simple tasks. With the development of psychiatry into a science, analyzing the nature and causes of mental illness, this indiscriminate "employment" of patients has evolved into a scientifically controlled therapy. Occupational therapy today is treatment through directed activity of the patient, determined by the patient's particular disorder, his behavior symptoms and physical condition, and prescribed by his physician.

New York State mental institutions provide facilities for a wide range of activities among their patients. These include many hand and machine crafts such as metal working or weaving; opportunities for self-expression in the fine arts—painting, music, dramatics; agricultural pursuits on institution farms; industrial employment in institution shops; and a great variety of group recreational activities such as athletics, dances and other social gatherings.

A GROUP OF EXTREMELY DISTURBED PATIENTS FIND AN OUTLET FOR EXCESS ENERGY IN TENDING A FLOWER GARDEN THEY HAVE PLANTED.



The selection of a particular occupation for an individual patient takes into account the demands it makes on motor activity, powers of concentration, initiative, physical exertion, and similar factors. The therapeutic values of these elements are considered in terms of the patient's peculiar needs. A patient lacking muscular co-ordination, for instance, can develop motor skill by learning a simple handcraft, progressing from this to more complex patterns of movement through the guidance of a trained therapist. The manic-depressive, in the "manic" phase, is frequently noisy, boisterous, and destructive; a safe outlet for such aggressive energy is provided in athletics, dancing, or other vigorous motion. On the other hand carefully selected occupations offer stimulation to the apathetic and listless. A patient preoccupied with fantasy can establish contact with reality through the purposeful handling of material things and the social relationships of group activity. The sense of accomplishment derived from creative production or competitive achievement contributes immeasurably to the building of confidence and self-respect. Whatever will contribute to the patient's adjustment, whether specific and concrete, as the exercise of a particular set of muscles, or subtle and intangible, as the exposure of the patient to a given attitude, is prescribed by the physician and supplied by the skilled occupational therapist.

Natural and normal activities have always been provided for patients in New York State's mental institutions, as they have in other progressive hospitals during the last century. But the organization of these activities on a treatment basis and their integration with other forms of therapy did not crystallize into a definite movement until some twenty-five years ago. At that time New York State, ever alert to scientific innovations, obtained the services of an outstanding expert in the field to set up a program of occupational therapy in the

state mental hospitals and schools. In the last four years, with the new policy of centralized administrative control and the appointment of a new director of occupational therapy, considerable progress has been made in standardizing and unifying this program throughout all of the state's institutions.

In every feasible way the institution tries to approximate and to substitute for the normal activities of life outside. Scout troops and 4-H clubs are organized in the state schools and adult clubs such as garden groups are encouraged in the hospitals. Libraries of books and periodicals are available to all patients, many of them having a very large circulation. Patients participate in the operation of the libraries as well as making use of their facilities. Beauty parlors foster personal cleanliness and contribute to the general morale and pleasure of the female patients. Music plays an important role in occupational therapy. Radios, phonographs and record libraries are provided and wherever possible bands, orchestras or choral groups are organized among the patients. Pianos and other instruments are available for their use in recreation centers. Motion pictures are shown frequently, films being rented or obtained from educational and commercial sources. In addition to the 35-millimeter films scheduled every week in recreation centers, special 16-millimeter films are shown regularly on the wards for bed patients and others who are unable to go to assembly halls. Intrahospital magazines and newspapers are published in many institutions, affording an excellent project for patient activity and keeping the entire population of the hospital in touch with and aware of the group as a functioning community.

Recreational activities and physical training are directed by the department's supervisor of recreational therapy. The objectives of this aspect of the program center in socialization and physical development. The recreation program, now being developed on a large scale and including such popular events as picnics, dances, and interhospital ball games, plays an important role in the rehabilitation of the individual patient.

ATHLETIC FIELDS PROVIDE FACILITIES FOR BASKETBALL, BASEBALL, HANDBALL AND TENNIS AS WELL AS FOR TRACK AND FIELD EVENTS.



NUTRITION

Mass feeding is carried on efficiently today in many large institutions, industrial plants and commercial establishments. Even under the most favorable conditions it represents a highly complex problem in modern dietetics. In a mental hospital the problem assumes gigantic proportions. Populations in state hospitals range from 2,500 to 10,000 and are made up of ambulatory patients, bed patients and employees. Many patients require special diets or individual service such as spoon feeding. There may be three kitchens or thirty kitchens, depending on the size and design of the institution. A kitchen may prepare food for two hundred or two thousand patients, for one building or four. Dining rooms may be adjacent to the kitchen so that food may be brought directly to the serving counters or they may be distant, necessitating the use of heated trucks or containers. The production of daily meals is a threefold undertaking consisting of long-range menu planning, quantity food preparation, and the staggering mechanical feat of serving.

The first consideration of course, in all New York State institutions, is nutrition. Each patient is assured an adequate balanced diet, scientifically planned in terms of nutritive and caloric values and adapted to his particular needs. Every effort is made to prepare food attractively, providing sufficient variety in menus to avoid the deadly monotony that has characterized the proverbial institution meal. The quality of food purchased is carefully controlled and palatability is a strict requirement for every item served. Most of the institutions operate farms which furnish a plentiful supply of fresh vegetables during the summer months, the surplus being canned for winter consumption.

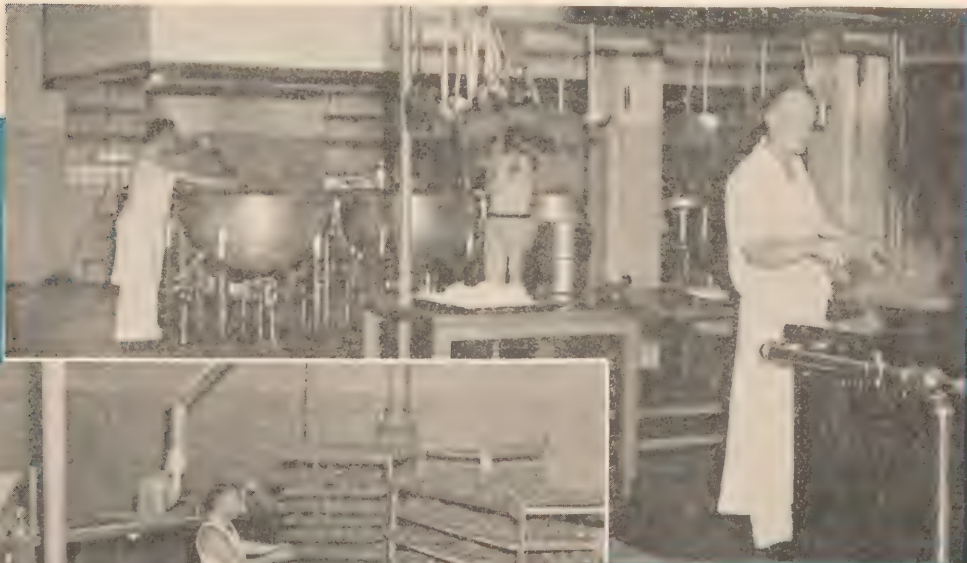
Under Governor Dewey's program of unification in the Mental Hygiene Department the problem of food in the state institutions has for the first time been placed under central control. The director of nutrition appointed by Commissioner MacCurdy in 1945 inaugurated a program which aims to establish high uniform standards of food preparation and service throughout the state system. To facilitate the determination of quantities in statewide planning, consumption studies are being made through which a standard daily ration will be

established. The required quantity of food is supplied partly by purchase and partly by planned local production.

To insure the efficient dovetailing of over-all planning and local farm production, the department works in close co-operation with the business officer, food service manager, and farm manager of each institution. The department's farm consultant with the assistance of agricultural experts from Cornell University works with institution personnel in planning the institution garden. Available farm land has been mapped showing crop rotation recommended for maximum yield and indicating suitable variety for seasonal use and canning. Information has also been distributed on the importance of harvesting crops at desirable maturity and the proper handling and storage of produce. Similar instruction in modern scientific methods of food preservation has been furnished to all institution canning centers.

One of the first undertakings of the new director of nutrition was to devise a food preparation manual for use in institution kitchens.

KITCHEN EQUIPMENT IS EFFICIENTLY GEARED TO QUANTITY COOKING.



**MODERN MACHINES TURN
OUT THOUSANDS OF
DOUGHNUTS EVERY DAY.**



SERVING AREA OPENS ON TWO SMALL CAFETERIA DINING ROOMS,
ONE FOR MEN AND ONE FOR WOMEN (ABOVE).

This manual, designed to achieve throughout the system a uniformly high culinary standard, was based on quantity formulas from Cornell University's School of Home Economics, army and navy cookbooks, and other recognized authorities, supplemented by recipes successfully used in state institutions. It was prepared with the co-operation of representative food service managers and distributed in tentative form for experimental use in the hospitals and schools. Test kitchens were designated in some of the institutions, where intensive study could perfect the formulas and determine those most appropriate for inclusion in the final edition. The complete manual will be a practical laboratory handbook in quantity food preparation and portion control.

The food program includes many projects for the improvement of diet and food service. Research studies, dietetic experimentation, dissemination of information on changing concepts and new developments in the field of nutrition, recruitment of experienced dietitians, and in-service training of personnel are among the more important. Many improvements have been effected through the provision of modern kitchen, serving, storage, and refrigeration facilities. But perhaps the most significant advance of the last few years is the increase in funds appropriated for food. The 1948-49 food budget for mental hygiene institutions is \$16,000,000, the largest in the history of the state.

SOCIAL SERVICE

In treating the mentally ill it is essential to know the patient's background—his social setting, the pattern of his daily living, the sum of his life experiences. These things shape personality and are inextricably woven with mental processes. Frequently a patient's mental condition is directly traceable to circumstances in his home. In such a situation the futility of returning a recovered patient to the same home environment is obvious. Before his release appropriate changes must be effected within the family. Even if no pernicious influences exist in the home, it is essential that the family be informed as to the patient's needs. On the other hand there are patients who have no home and no family, who on their release are thrown completely upon their own resources. Such patients require assistance and encouragement in finding a place to live and a means of livelihood, as well as in re-establishing contact with the outside world.

It is evident that a large area in the functioning of a mental institution must be covered by social service. Upon the patient's admission to the hospital the psychiatric social worker deals with the family, obtaining all the information they can give about the patient's past experiences and their effect upon him. At the same time she helps the family to understand his illness and points out what can be done both by the hospital and by his friends and relatives to improve his condition. While the patient is in the hospital the social worker serves as a liaison between him and the community. It is her function to see that the patient's anxieties about his affairs outside the institution are alleviated and that he feels secure in the fact that his interests are being protected during the period of his illness. When the patient is well enough to return to his former setting and resume the responsibilities of community life, it is the social worker who sees that he has a suitable place to which he can go, that his family understands his condition, what he is able to do, what things upset him, and how they can help him in maintaining the improvement he has made in the hospital. This is a continuing service which makes the patient's adjustment easier, strengthens his community ties, and prevents unnecessary return to the institution.

Thus the psychiatric social worker assists the psychiatrist in understanding the patient, handles the social factors which have contributed to the mental illness, maintains the patient's relationships with the community, and under the direction of the psychiatrist assists both the patient and his family during his convalescent period.

In the New York State system social service has been for many years an integral part of the treatment program for mental patients, but until recently many institutions have been hampered by the lack of adequate social service personnel. In 1945 this entire system was reorganized and a working plan devised which established a standard ratio of social workers to patients. The quota agreed upon permits a more efficient operation of a full program and has been used as a basis for staffing the various institutions. At the present time the plan, which has occasioned much favorable comment throughout the United States, is being implemented as fast as the recruitment of suitable personnel permits.

The aftercare clinic

Patients who are convalescing at home frequently require additional psychiatric counsel as well as the services of the social worker. Provision is made for such attention in outpatient clinics conducted by all New York State hospitals. Through these clinics and the activities of the psychiatric social worker the hospital extends to its patients the aftercare which is an important part of its comprehensive program of care for the mentally ill.

One of the most significant recent developments in the follow-up program was the establishment in June 1944 of a large-scale aftercare clinic in New York City which serves as a convenient center of psychiatric and social service for the convalescent patients of state mental hospitals and schools in the metropolitan area. Psychiatrists from Central Islip, Harlem Valley, Kings Park, Middletown, Manhattan, Pilgrim, and Rockland state hospitals and Wassaic State School have regular hours at the center and social workers from these institutions and from Letchworth Village are daily accessible to patients and their families. During the year ended March 31, 1948, over 15,000 inter-

views were conducted by physicians and social workers. The clinic is located at the Psychiatric Institute, adjoining Columbia Medical Center in Manhattan, and is staffed by 10 psychiatrists and 20 social workers supplied by the institutions.

The clinic social service staff also carries the convalescent service for all patients who return to New York City when they have been released from upstate institutions. They arrange treatment interviews for these patients, whenever necessary, with psychiatrists from the local institutions. Except for the two institutions which serve the entire state—Craig Colony and Syracuse State School—there is not a large number of patients in New York City on convalescent status from any one upstate institution, but the provision of facilities for handling these patients in the locality of their homes has been of great benefit to the patients themselves and has solved one of the most difficult administrative problems in the extramural service of the state institutions.

Family care

Many patients who have improved sufficiently to leave the hospital are not quite ready to assume the responsibilities of free community living. The transition is facilitated for such persons by an interval of family care—an arrangement by which the patient resides under institutional supervision with a family in the neighborhood of the hospital. These families volunteer to assist in the patient's preliminary adjustment to the demands of ordinary life. They are carefully selected in terms of their healthy, harmonious pattern of living, their altruistic attitude and freedom from mercenary motives, and are reimbursed by the state for the expense of maintaining an extra member in the household. Under family care the patient has an opportunity to become accustomed to some degree of independence, gradually assuming his own obligations in normal social intercourse and, in circumstances which afford him a certain amount of protection, learning his way about in the outside world.

Family care homes are closely supervised by the institution through regular visits of the social worker. Although they serve inci-

dentally to relieve somewhat the overcrowding in the institutions, their purpose is essentially therapeutic. For many patients the normal home atmosphere which these families provide is prescribed by the psychiatrist to hasten recovery. On the other hand, there are patients who will probably never be restored to the community at large, but who have reached a level which permits a happier mode of living in these more normal surroundings.

Family care was tried for the first time in New York State in 1933. From the beginning it was observed that patients responded favorably and the program has since been very much expanded. On March 31, 1948, 1,119 state hospital patients were in family care, 691 from state schools. While further expansion is considered desirable, the program has not been extended beyond the point where full supervision can be exercised by existing personnel. General housing conditions and the present high cost of living have also prevented further development of this service. As these conditions improve and institution staffs reach their full complement, it is planned to provide for many more patients the benefits of this modern effective method of care.

PATIENTS IN FAMILY CARE PARTICIPATE IN MANY HOUSEHOLD ACTIVITIES AND ENJOY
A NORMAL HOME ATMOSPHERE.



The Staff

The implementation of New York State's vast program for the care of the mentally afflicted requires a staff of 24,000 who comprise about 38 per cent of all the state's employees. The professional staff includes such highly trained specialists as psychiatrists, psychiatric nurses, psychiatric social workers, occupational therapists, dentists, psychologists, pharmacists and dietitians. To maintain this army of professionally trained and technically skilled workers the department is constantly engaged in vigorous measures toward recruitment. The war made great inroads upon the staffs of state institutions. To provide inducements for the enlistment of new personnel and at the same time to correct inequities in the state service, the governor sponsored legislation to improve the status of mental hygiene employees with respect to salary, privileges and living conditions.

Positions in mental hygiene institutions were classified and brought under salary standardization schedules. In 1944 the starting salary for ward attendants (the largest group of institution employees) was \$1,430, including emergency compensation, for a 48-hour week. The present starting salary for these employees is \$1,840, including emergency compensation, for a 40-hour week. It is the policy for ward attendants to work a 48-hour week. For the extra eight hours they receive an additional 20 per cent of the above salary, which gives them \$2,208 to start. The maximum salary has been increased from \$1,828 to \$3,036, including emergency compensation, for the 48-hour week. Other improvements in working conditions are provided for in the governor's construction program, which includes additional accommodations for employees—sick bays, cafeterias, and better recreational facilities. The efficacy of these measures in attracting new employees to New York State mental institutions has resulted in a steady decrease in the number of vacancies since 1944.


The restoration of normal complements in institution staffs represents only part of the program to increase and improve services through the provision of adequate personnel. In some instances quotas, such as those for social workers, have been increased during the last five years. Such increases continue to be made as the need is indicated. In addition, the recruitment of qualified personnel to fill existing vacancies as well as new positions, has been considerably stimulated by the department's training program, which is geared to meet general needs in the field as well as the particular requirements of the state system.

The Training Program


One of the most important functions of the New York State Department of Mental Hygiene is the maintenance of a comprehensive training program in the various phases of institutional care. This program is designed to insure for the state system a staff of experts carefully grounded in their respective fields and constantly aware of the most modern approach to their particular problems. The program has two aspects—the formal training of physicians, psychologists, nurses, social workers and occupational therapists in courses or schools conducted at the hospitals, and the in-service education of staff members through special courses, institutes, conferences, and similar activities. The recent expansion of this training program has been a significant feature of the over-all plan for improvement of services in New York State's mental institutions.

RESIDENT TRAINING IN PSYCHIATRY

The demands of the war upon the medical profession revealed an appalling shortage of psychiatrists, due largely to the lack of emphasis on psychiatric training in medical schools. To serve the general need as well as its own, the state stepped into this breach in 1946 with the establishment of an expanded program to train residents in psychiatry in state mental hospitals. The course, consisting of 48 weeks of formal



CLASSROOMS PROVIDE FOR LECTURES, DEMONSTRATIONS,
AND PRACTICE.



instruction and clinical work extending over a two-year period, was designed particularly for physicians returning from service in the armed forces who wished to specialize in psychiatry. These physicians were assigned to the staffs of the various state hospitals for instruction and clinical practice. In addition they attended a formal course of weekly lectures at Syracuse Psychopathic Hospital or the Psychiatric Institute in New York. Approximately 100 physicians were registered in the first year, many of whom are now on the staffs of state institutions. A second course was started in the spring of 1947 and a third in September 1948.

INTERN TRAINING FOR PSYCHOLOGISTS

In co-operation with the State Department of Social Welfare and the State Department of Correction, a program similar to the resident training of psychiatrists is conducted for psychologists. Graduate psychologists are accepted for regular internships in state institutions, where they obtain clinical experience under the supervision of the institution staffs. The program has been in operation for some time in Rockland State Hospital, Letchworth Village and the Psychiatric Institute. A program to serve the upstate area was established during the past year in Marcy State Hospital, Utica State Hospital, Rome State School, and Syracuse Psychopathic Hospital.

GRADUATING CLASS OF THE CENTRAL ISLIP STATE HOSPITAL SCHOOL OF NURSING, 1947



THE STATE HOSPITAL SCHOOLS OF NURSING

Eighteen of New York State's mental hospitals conduct schools of nursing, all of which are approved by the Department of Education. Students receive full instruction in general nursing as well as special preparation for the care of mental patients. Basic courses are given in the first year at the state hospital. In the second year the student nurse affiliates with a general hospital for instruction and practice in medical and surgical nursing and specialties. The student then returns to the home school at the state hospital where the course is completed with education in advanced theory and practice of general and psychiatric nursing.

The modern psychosomatic approach to medicine, which regards mind and body as inseparable, requires of all nurses an understanding of both normal and abnormal psychology. Student nurses from general hospitals are given an opportunity to acquire a sound background in the management of mental and nervous conditions by affiliating with state hospital schools for three months of instruction in psychiatric nursing. Such training is now included in the basic course of more than 95 per cent of all student nurses educated in New York State today. Students from 83 of the 103 general hospital and collegiate schools of nursing in the state receive their psychiatric training in state hospitals. This reciprocal affiliation of the mental hospitals with general hospitals insures a thorough grounding in all phases of nursing for the student regardless of the field in which she chooses to work. It also stimulates interest in psychiatric nursing as a career and encourages the point of view that the treatment of mental disease is not a thing apart but an integral component of the science of medicine and the art of nursing.

Approximately 590 basic students and 2,500 affiliate students were enrolled in the schools of nursing of the state mental hospitals during the year ended March 31, 1948. Every effort is made to provide for these students a pleasant social atmosphere and attractive recreational facilities as well as adequate libraries and other necessary adjuncts to their educational activities. The enthusiasm of these young men and women for their chosen profession and for their respective schools is frequently manifested in spontaneous recruitment campaigns conducted by the students. The 1947 graduating class of one school actively engaged in recruiting candidates with the avowed purpose of leaving as

its legacy to the school the largest incoming freshman class it had ever had.

With the appointment of a director of nursing services in 1946 the Department of Mental Hygiene undertook to effect many improvements in the nursing schools, emphasizing the provision of competent instructors and adequate teaching equipment, the inclusion of new methods and techniques in the curriculum, and the maintenance of increasingly high scholastic standards. Nursing consultants from the American Psychiatric Association, the United States Public Health Service, and other authoritative groups have been invited by the commissioner to survey and evaluate the entire system. Their recommendations have been carefully studied and many of them are being put into practice. Conferences have been held with representatives of colleges and universities to discover what arrangements could be made to mutual advantage for graduate study. Negotiations are now under way to establish a program whereby graduate students from collegiate nursing schools can be sent to the mental hospitals for experience in clinical psychiatric nursing. Similarly it is proposed to set up advanced courses within the universities for graduates of the state schools.

AFFILIATIONS WITH SCHOOLS OF SOCIAL WORK

Affiliation of state institutions with graduate schools has been an established practice for over a decade in the social service department. Students from the various schools are placed in the mental hospitals or schools for their field work, receiving under the supervision of the social service department, comprehensive training in the theory and practice of psychiatric social work. Students from the University of Buffalo Graduate School of Social Work are supervised in Buffalo, Gowanda, Central Islip, and Syracuse state hospitals; Letchworth Village and Kings Park State Hospital offer field work placements for students from the Fordham University School of Social Work; the New York School of Social Work places students for training at Manhattan and Rockland state hospitals, and the Psychiatric Institute. At the institute there is a special training center with an average of 14 students from a graduate school of social work. Preference is given to students who are interested in entering the department. Two new teaching positions were created during the past year in order to extend this program, which has excellent potentialities for recruitment.

Another effective recruiting measure has been the student aide program, introduced in 1946, under which department funds are allocated to send a maximum of ten college graduates to a school of social work for the summer term. These students are subsequently placed in the state institutions as aides, carrying limited case loads under close supervision. This apprentice service gives them an opportunity to develop skills in handling the special problems presented by mental patients.

AFFILIATIONS WITH SCHOOLS OF OCCUPATIONAL THERAPY

State mental hospitals offer clinical training to students of occupational therapy from various schools and universities. During the past year 20 students from Columbia University, the University of Kansas, the University of Toronto, and the College of St. Catherine in Minnesota were enrolled at Pilgrim; New York University and Columbia University sent 17 students to Rockland; the Psychiatric Institute car-



OCCUPATIONAL THERAPY AFFILIATES FROM SEVERAL UNIVERSITIES RECEIVE PRACTICAL TRAINING AT PILGRIM STATE HOSPITAL

ried 6 from Columbia University and Mills College in California, 12 students from New York University were enrolled at Brooklyn and 1 from the Philadelphia School of Occupational Therapy affiliated with Willard.

Clinical training in occupational therapy is also given to affiliate student nurses. The prescribed course includes lectures in theory, craft demonstration, practice in techniques, and a period of supervised experience in conducting occupational therapy classes.

IN-SERVICE TRAINING

The maintenance of an efficient staff involves more than the recruitment of well-qualified personnel and the establishment of high standards for admission to the service. It is equally important that every member of the staff keep abreast of scientific advances in his particular field. With this objective the Department of Mental Hygiene conducts a comprehensive, vigorously executed program of in-service training on every level. Many features of this program have been instituted during the last five years, during which time all of the previously established training activities were improved and expanded.

Medical staff

In September 1946 a course in hospital administration was begun for associate and assistant directors of the institutions. The purpose of the course is to bring these key members of the administrative staff up to date in modern methods of institution management. So far as is known, this is the first course in psychiatric hospital administration given in this country. One of the valuable experiences provided assistant directors is assignment to the bureau of medical inspection for a period of one year, during which various institutions in the department are visited. Beginning in December 1946 clinical directors have been assigned for three-month periods to refresher work in diagnosis at the Psychiatric Institute and given opportunities to gain added experience in teaching and research. A formal postgraduate course in psychiatry and neurology is given at the Psychiatric Institute for senior psychiatrists. Other members of the medical staff receive through conferences and planned discussions, expert guidance in administrative and clinical problems.

Nursing

Several institutes of psychiatric nursing are held each year at selected hospitals, bringing department nurses together for lectures and discussions on new developments in the field. Experts in various therapies are invited to give demonstrations, and specialists in specific nursing techniques present their methods. Prominent physicians explain new concepts in psychiatry. At these sessions there is also an

opportunity to air common problems and derive mutual benefit from the exchange of knowledge and experiences.

In July 1946 Commissioner MacCurdy directed the committee on nursing of the Department of Mental Hygiene to prepare a training manual for attendants, following as far as might be practicable the proposals made by the American Psychiatric Association. A 75-hour course for attendants, based on the material prepared for this manual, was begun at Rockland State Hospital and at Gowanda State Hospital in January 1947. The course was instituted in all hospitals and schools of the department in January 1948. The material is being revised and perfected as the courses progress.

A four-week course for principals of nursing schools and chief supervising nurses of all institutions was given for the first time at Brooklyn State Hospital in the spring of 1947. Plans are also being developed for advanced in-service education of the more experienced attendants.

Social service

Special training courses for social workers in state institutions have been inaugurated at the New York State Psychiatric Institute. At the present time the chief emphasis in these courses is on the techniques of supervision so that workers will be better equipped to supervise assistant workers and students from the schools of social work. Monthly seminars have been held for the supervising and senior social workers in the metropolitan area and in upstate areas. The aim of these seminars is to familiarize the workers with newer trends in social case work, with the problems of supervision, and with new developments in the psychiatric treatment of patients. Social service departments in the institutions also hold regular staff meetings to discuss new material which has been made available in the field of psychiatry and psychiatric social work, as well as innovations in the programs of the various community agencies with whom the social workers co-operate.

Occupational therapy

Occupational therapists in state service are encouraged to attend professional meetings to keep in touch with current developments in their field as well as general advances in psychiatry. In addition to general conferences conducted by various associations, the therapists attend intradepartmental institutes which provide opportunity for discussion and exchange of ideas within the system. New techniques or improved equipment are demonstrated, various papers are presented,

and arrangements are made for informal group meetings to discuss specific problems.

Instruction in occupational therapy is now considered an essential part of the general training for attendants in state institutions. Plans are under way to include such instruction in the lecture course and to provide in addition a period of active participation in occupational therapy classes. One hospital has initiated a system of assigning all new attendants to the occupational therapy department for a month before they are detailed to a definite ward. Attendants thus are oriented in the principles and practice of occupational therapy, in the application of which they can play so large a part. The skills and attitudes acquired during this period are put into practice for the benefit of the patients on the ward to which the attendant is finally assigned.

Recreational therapy

In January 1947, for the first time, an institute was held especially for recreation instructors, who handle a large area of patient activity. Representatives of every institution attended as well as many visitors from hospitals outside the department. The program included such topics as "The Use of 16-Millimeter Movies," "Parties for Friendless Patients," "Recreation for the Epileptic," "Music Therapy for Patients," and "Bowling for Patients," while demonstrations were given on square dancing, social mixers, and minstrel shows. A second institute was held early in January 1948.

Nutrition

One of the outstanding features of the in-service training program has been the establishment of the food service training school. Intensive courses in efficient food service practices began at Hudson River State Hospital during the fall of 1946. The first session was conducted for food service managers from the various institutions. Actual practice in correct procedures of quantity food preparation was stressed. In addition to the classroom sessions and panel discussions there were inspection tours of leading food service establishments, wholesale food markets, and food packing plants. A similar course was subsequently given for dietitians. It is planned to extend this training to all food service personnel, those in supervisory positions attending the school and returning to their own institutions to train their staffs. A building at Hudson River was remodeled into a permanent home for the school, consisting of an assembly room, library, office, laboratory for demonstration and practice, refrigeration, storage and delivery room, and

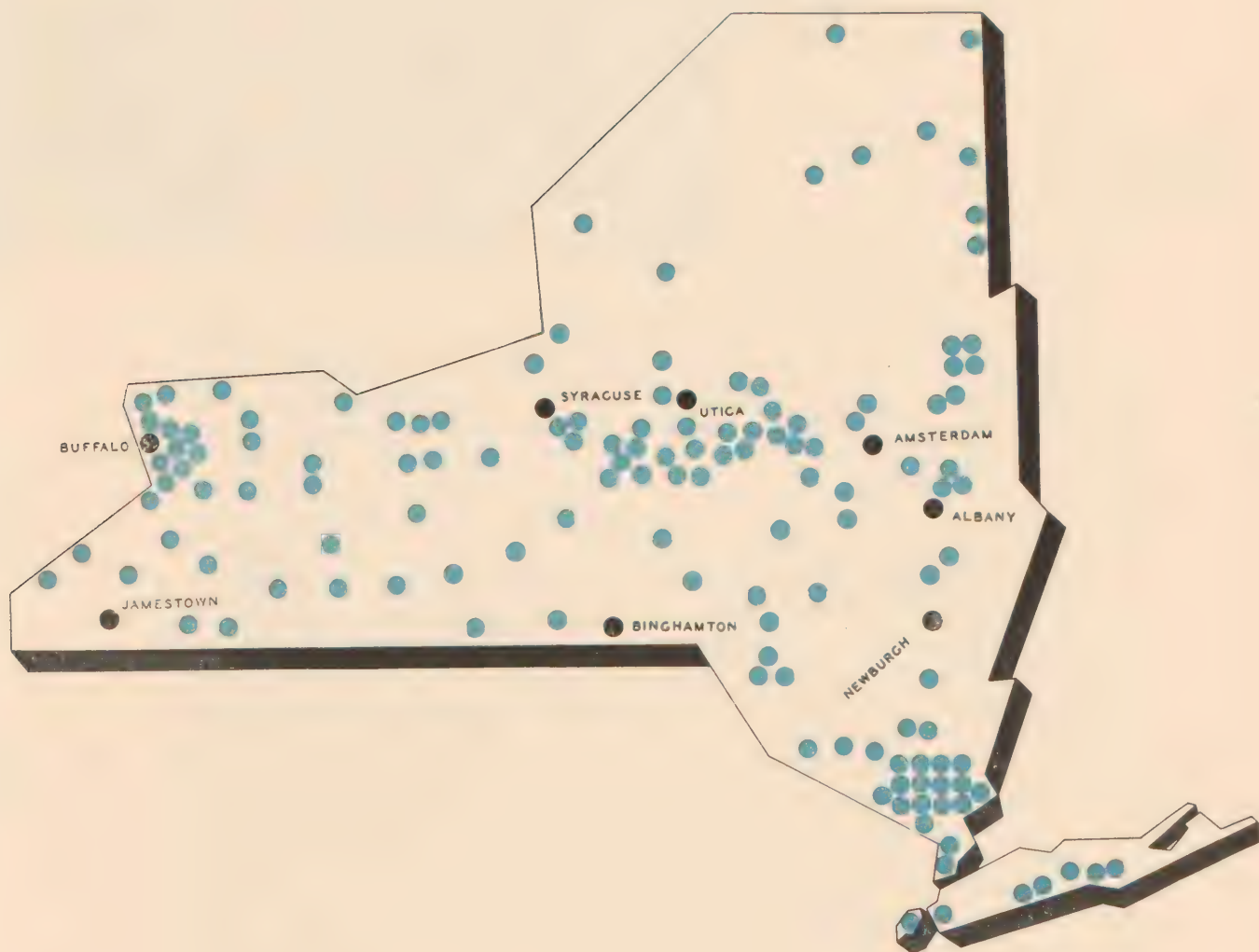


ABOVE---LABORATORY OF THE FOOD SERVICE TRAINING SCHOOL AT HUDSON RIVER STATE HOSPITAL. RIGHT---DIETITIANS GATHER FOR ROUND-TABLE DISCUSSION OF NUTRITION PROBLEMS.

dressing rooms. Equipment was selected according to specifications recommended for institution kitchens. Classes will be limited to 25 or 30 students and training will include lectures, demonstrations, practice in the laboratory, and supervised practice in hospital units.

Another type of training inaugurated in 1946 was a series of conferences on food preservation conducted for canning plant operators. Lectures and demonstrations on food processing and canning plant installation and operation were given by experts from the division of vocational agricultural education, State Department of Education, Cornell University's departments of human nutrition and horticulture, the State Agricultural and Technical Institute at Morrisville, the New York Agricultural Experiment Station at Geneva, and the production and marketing administration, U. S. Department of Agriculture. Recent developments in canning procedures and practices were explained by representatives of canning materials and machinery manufacturers, who demonstrated the latest equipment. The objectives of the conference were to increase the efficiency and the output of existing food preservation centers and raise the quality of their products; to determine the need for establishment of additional canning plants throughout the system; and to outline recommendations for standard modern equipment and adequate staffs. The emphasis on food preservation is of course a part of the program to improve and increase the year-round supply of fruits, vegetables, and other produce from institution farms.

CHILD GUIDANCE CLINICS CONDUCTED BY THE NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE



BLACK CIRCLES REPRESENT CENTERS FROM WHICH CLINIC TEAMS OPERATE.

Prevention

Many mental disorders in adults have their roots in a maladjustment which developed during childhood. Early recognition and treatment of personality difficulties or behavior deviations in children will frequently head off a serious psychosis in later life. The widespread application of this principle through the operation of child guidance clinics is the function of the division of prevention in the Mental Hygiene Department.

There are many common forms of undesirable behavior in children which are symptoms of maladjustment—problems such as enuresis (bed-wetting), daydreaming, thumb-sucking, tantrums, nightmares, poor eating habits, masturbation, slow school progress, and poor social relationships. When the cause has been discovered and eliminated, the behavior difficulty soon disappears. The child guidance clinic offers expert assistance to parents in solving problems of this nature.

Each clinic is staffed with a psychiatrist, a psychologist, and two psychiatric social workers, who through interviews, tests, and visits to the home obtain a complete picture of the child's personality and intellectual make-up and the environmental factors relating to his specific problem. A detailed diagnosis and an explanation of underlying causes are given to the parent with recommendations for treatment, which may be psychiatric, physical, educational, or social. If necessary, assistance is obtained for the child from local, county, and state agencies, with whom the clinics work in close co-operation. Children are usually referred to the clinic by schools and welfare agencies.

Some of the clinics are operated by the state hospitals and schools; others are conducted regularly by the division of prevention in local health departments, schools, and similar appropriate centers by traveling professional teams who are available in each community at stated hours, usually once a week. In less populous areas clinics are held by appointment upon the request of local agencies or individuals. Increased appropriations have permitted considerable expansion of this important preventive service. Formerly there were only four clinic teams in the division, but funds have now been made available to set up eleven teams, each to comprise one psychiatrist, two psychiatric social workers, one psychologist and one clerk. The scarcity of the required professional personnel has hampered the development of the program. During the year 1947-48, the Department of Mental Hygiene operated 1,214 child guidance clinics in 110 communities throughout the state. In the course of the year more than 7,000 children received the benefit of their expert guidance.

Research

The lifeblood of scientific progress is research. A hospital system geared to the changing concepts of a comparatively new medical discipline must contain within itself the machinery for improving existing methods, extending the application of accepted theories, and developing new techniques. Complete efficiency and full confidence in established practices require a testing ground for the old and the new.

While many institutions of the New York State Department of Mental Hygiene conduct valuable independent clinical studies, the function of research is centered in the Psychiatric Institute in New York City. Here are provided complete modern facilities for controlled experimentation and study in psychiatric medicine. Located at the Columbia-Presbyterian Medical Center, the institute contains fully equipped laboratories and clinics, a hospital and an outpatient department to which both children and adults are admitted. The type of patients accepted is determined by the needs of the various research projects. In addition to the departments of clinical psychiatry, social service, and occupational therapy, the staff includes research specialists in psychiatry, neuropathology, internal medicine, biochemistry, bacteriology, and psychology.

Recent clinical research has included special studies of disorders in children, studies of heart action in patients receiving electric shock therapy, a series of studies on hypnosis, experiments in the improvement of equipment for electric shock therapy, and the continuation of the long-term follow-up study of children who have been treated at the institute. There has been considerable work with animals, particularly monkeys, in the study of such diseases as epilepsy and poliomyelitis. Many of these researches have yielded valuable information which can be applied to the study of human disease. Plans are now under way for a study of human cases of acute poliomyelitis, which will be based on the findings of an experiment conducted with monkeys.

Among the most significant research projects at the institute is a series of studies involving almost 3,500 sets of twins. The objective of this tremendous undertaking, which has been in progress for a number of years, is to investigate factors of heredity and constitution in relation to the treatment of mental disorders. During the summer of 1946 an intensive search was conducted through the public relations division of the Department of Mental Hygiene for twins over the age of 60 who had remained in their communities as part of the general



THE NEW YORK STATE PSYCHIATRIC INSTITUTE

population without requiring institutionalization or old age assistance. The results of this campaign, which utilized newspapers, local radio stations, and other publicity media, were very gratifying. Within two months some 600 pairs of twins meeting the specifications made themselves available to the Psychiatric Institute for observation and study. The number of new twin cases added during the year (including 72 tuberculous and 128 psychotic pairs) totaled approximately 1,000. Since the twins and their relatives were distributed over the entire state, the collection of data on their backgrounds required thousands of miles of traveling by members of the research staff and a well-organized system of collaboration with hundreds of local agencies.

The investigation of aging and senility is the largest of the twin studies. Another series includes the families of twins who are psychotic or epileptic. One investigation was concerned with the social

and biological background factors of suicide, and still another with constitutional variations in resistance to tuberculosis. The collection of clinical and geneological data on these carefully selected pairs of twins is a priceless source of material for study not only in many aspects of psychiatry, but also in general medicine.

A second function of the Psychiatric Institute is education. It provides facilities for teaching psychiatry to medical students and offers a wide variety of postgraduate courses in psychiatry and allied subjects for practicing physicians, especially those connected with the state institutions. In addition to courses and seminars organized and conducted within the institute, staff members give special lectures on such subjects as neurology, genetics, and child psychiatry as part of the postgraduate courses of various universities and medical schools. Instruction has been given by institute staff members at Columbia University, the New York Post-Graduate Hospital, the Presbyterian Hospital, the New York Hospital, and many others. These physicians, among the most eminent in the field, are frequently requested to address various professional organizations and conferences. The institute reported for the year 1946-47, 66 lectures and addresses delivered by members of its staff, as well as 40 literary productions including books, radio material, and articles published in professional journals.

The scientific contributions which New York State has made to the general field of mental hygiene are largely the result of research conducted either at the Psychiatric Institute or in the other state hospitals and schools. The tremendous importance of this research to the world at large is indicated in the fact that many activities are supported by grants from well-known research funds. These include the Rockefeller Foundation, the Scottish Rite Masonic Fund for Research in Schizophrenia, the Baruch Fund of Columbia University, the Josiah Macy Jr. Foundation, the Williams-Waterman Fund of the Research Corporation, and many others. The Psychiatric Institute is universally recognized not only as the educational hub of a vast hospital system, but as a center of learning devoted to the pursuit and the dissemination of knowledge which will benefit all of humanity.

Statistics

Another aspect of the department's research function lies in the tremendous bulk of data concerning institutions and patients which must be recorded and systematically maintained by the bureau of statistics. The compilation of such data involves the preparation of a statistical schedule for every person admitted to or removed from a public or licensed private mental hospital in the state. These schedules, submitted to the central office, have for many years formed the basis for the preparation of the annual statistical reviews and furnished material for a number of research studies in mental disease.

In 1911, when this recording system was first organized, the population of mental hospitals in New York State was 33,973 and during that fiscal year there were 8,005 admissions. In 1943 there were 90,797 patients on the books and over 20,000 annual admissions. This staggering increase in the amount of data threw a tremendous burden on a statistical system which, while efficiently organized, was hampered by the use of old-fashioned hand methods of recording and tabulation. The amount of work that could be accomplished under a manual system within the limits of a fiscal year decreased sharply as the mass of data rose. The necessity for mechanical tabulation was very evident when Commissioner MacCurdy was appointed in 1943. One of the very first improvements inaugurated by the new commissioner was the introduction of the modern method of tabulating and recording by punch-card machines.

The possibilities for statistical research were considerably broadened by the introduction of the machine system. The bureau was able to assemble detailed data on all patients in the institutions, to be entered by means of codes on punched cards, which serve the dual purpose of forming a permanent record of each patient's institutional history and providing a rich source of material for study. In addition to the previously available data on admissions, discharges, and deaths, information is now at hand regarding patients under treatment. Similar data are now compiled regarding patients of state and licensed private schools for mental defectives, and epileptics at Craig Colony.

The task of compiling and tabulating this great volume of data is almost completed and plans are under way for a number of special analyses, particularly with regard to patients under treatment. These data, in combination with the statistics on admissions, discharges and deaths will permit the computation of such probabilities as the expected

duration of hospital residence in relation to sex, age, and mental disorder, the chances of recovery or death, and life expectancy as affected by mental diseases.

The conversion of so large a statistical system to the use of mechanical equipment has been a long and involved process, subject in the initial stages to many delays due to wartime shortages. While the change has not yet been entirely completed, many of the expected advantages are already evident. Tabulations for the annual report have been completed much more promptly and the bureau has been able to save the institutions much time and labor by preparing the statistical summaries for their annual reports. With the speed and facility afforded by the sorting and tabulating machines, it has been possible to make special tabulations in answer to many inquiries. Special studies have been completed dealing with general paresis and the alcoholic psychoses. Many others are contemplated.

The bureau of statistics of the New York State Department of Mental Hygiene has long enjoyed a worldwide reputation as a source of extensive and reliable data on mental disease. The increase in its efficiency and the expansion of its capacities through the use of modern electrically operated mechanical equipment will multiply many-fold the valuable service which this bureau offers to the entire world of psychiatric medicine.

PART OF THE INSTALLATION FOR MACHINE TABULATION IN THE ALBANY
OFFICES OF THE DEPARTMENT OF MENTAL HYGIENE



Community Relations

The state mental institution of today is not an isolated island of human misery separated from the community by high walls of fear and indifference. New York State's modern hospitals and schools are closely identified with the life of the cities, towns, or villages that surround them. In countless ways the threads of community activities are interwoven with institution affairs, while the institution makes available to local residents many services and facilities as well as opportunities for employment. The patients of the hospital or school are largely drawn from the area in which it is located and it is to that same area that they are returned when they have recovered sufficiently to make an adjustment outside the institution. Inevitably the intricate relationship of family care homes or of colonies with the patient, his family, the institution, and the community brings about a confluence of interests and activities.

Professional organizations are closely associated with the institution. Staff members frequently hold office in regional medical groups besides giving lectures and demonstrations. Meetings are sometimes held at the hospital and its facilities made available for study. In the same way tours and clinics are conducted for classes from local schools and colleges. Department physicians are on the faculties of various schools of medicine and offer courses or special lectures at many col-

A GROUP OF ADOLESCENT BOYS FROM ROCKLAND STATE HOSPITAL ENJOY A SWIM IN NEARBY TALLMAN STATE PARK



GRAY LADIES FROM THE LOCAL RED CROSS
CHAPTER LEAD PATIENTS IN COMMUNITY
SINGING.



leges and universities. The affiliations of state hospital nursing schools with those of general hospitals weld the two programs together, with the state hospitals occupying an indispensable position in the field of nursing education.

There are innumerable ways in which local civic and social groups take an interest in the institution. Service clubs, veterans' organizations, fraternal orders, and the like provide Christmas gifts, entertainment, parties, and many other amenities for the patients. Public and private welfare agencies, school teachers and principals, physicians, and other individuals or groups who have contact with families and children work in close co-operation with the social service workers of the department.

The hospital or school reaches out into the community through its clinics and social workers, its extensive educational activities, and its business relationships with local farmers, merchants, and contractors. The community enters the institution through the patients, their relatives and friends, through large numbers of employees, and through social and welfare contacts promoted by local organizations. The integration in terms of the single institution and its surroundings is obvious and tangible. On a much larger scale the New York State mental hygiene system is similarly integrated with many aspects of local, state, and national government, with business, education, and the entire medical world. To foster this liaison the Department of Mental Hygiene maintains a division of public relations. This division attempts to co-ordinate all the activities of the department as they relate to the general public, issuing official information and conducting a comprehensive program of public education in the principles of mental hygiene through the press, radio, and various professional and lay periodicals, as well as through its own publications.

The Construction Program

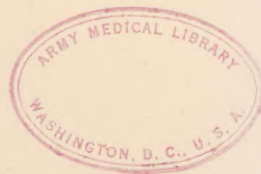
The ratio of the number of hospitalized mentally ill to the available facilities for their care has become increasingly disproportionate since the inception of the state hospital system over 100 years ago. The mounting incidence of mental disease coupled with growing enlightenment in the care and treatment of its victims has burdened the state's mental hygiene system with a far greater number of patients than the institutions were designed to accommodate. Since 1931, when three new hospitals were opened, admissions have climbed far beyond expectations. On March 31, 1948 state institutions were caring for 17,583 patients beyond their certified capacity.

The ultimate solution to the problem of overcrowding lies in the department's comprehensive long-range building program, which makes adequate provision for the probable increase in admissions over a period of many years. The program, based upon thorough investigation and study of the department's present and future needs, aims to replace unsafe and antiquated buildings, improve existing units, and install efficient modern facilities for essential services. The plan is being partially implemented through legislative appropriations from the postwar reconstruction fund. By March 31, 1948 these appropriations totaled \$66,392,125 for 92 of the proposed projects, providing for new beds and the necessary medical and maintenance facilities to serve them.

The construction program provides not only for the necessary increases in capacity but for full application of the latest therapeutic



TWO VIEWS OF THE NEW INFIRMARY
BUILDING AT CRAIG COLONY, COM-
PLETED IN 1948



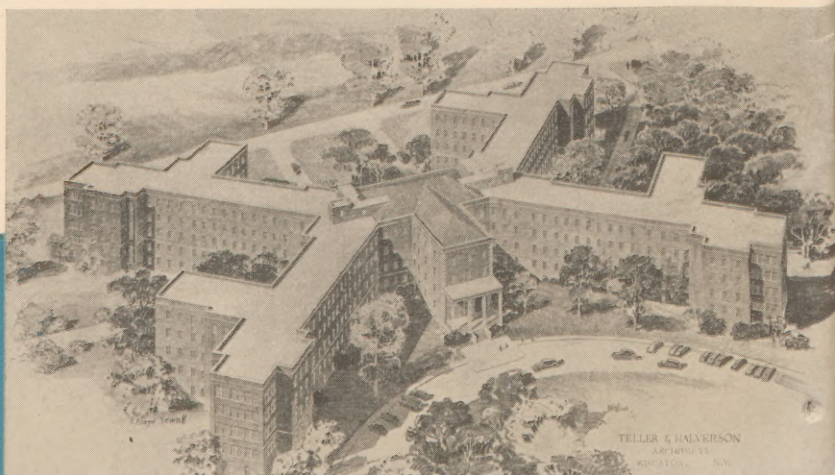


ARCHITECT'S RENDERING OF PRO-
POSED MEDICAL-SURGICAL BUILD-
ING AT UTICA STATE HOSPITAL

developments in psychiatric medicine. The focus of the program has been on the development in the institutions of co-ordinated reception, diagnostic and treatment facilities. In 13 institutions new buildings are planned as medical-surgical centers housing the most up-to-date laboratory and treatment equipment. Twelve new infirmary buildings are planned as well as six buildings for disturbed patients and six for patients requiring continued treatment. A special unit for the treatment of behavior and personality difficulties of children will be established at one of the state hospitals; and for the first time state schools will include nursery buildings for feeble-minded children under the age of five.

Wartime restrictions and the postwar paralysis of the building industry have prevented any appreciable progress in actual construction up to the present time. Governor Dewey, however, has designated top priority for the mental hygiene program as state construction plans are mapped for 1949. Architects and engineers have worked out in detail the plans and specifications for the buildings, and the program will proceed along lines determined by a carefully calculated projection of future developments in the humane, scientific care of the mentally afflicted.

ARCHITECT'S RENDERING OF PROPOSED
BUILDING FOR DISTURBED PATIENTS
AT MIDDLETOWN STATE HOMEOPATHIC
HOSPITAL



TELLER & HALVORSON
ARCHITECTS
ROCHESTER, N.Y.

The Future of Mental Hygiene in New York State

The history of mental disease is a story of ignorance and cruelty, of suffering and bitter despair, but the white light of science and the gentle hand of kindness and understanding have shown the way to the promise of a happy ending. The future holds much for psychiatry. Just as medicine has produced cures for physical ailments long considered fatal, there is hope that equally effective cures can be developed for the maladies of the mind. Today the victim of mental illness has a better chance than he has ever had to regain his health and acquire a sound approach to life. The exploratory techniques of modern research, the analytical brilliance of fine scientific minds, the sum total of medical, sociological, and anthropological knowledge are brought to bear upon his problem. Public sentiment recognizes society's obligation to provide for him. Public education has emphasized the importance of good mental hygiene in his relationship to his environment; the family and the community co-operate with the hospital in helping him to make an adjustment. If he fails to adjust, therapeutic measures are renewed and no effort is spared to bring about whatever degree of recovery lies within the realm of possibility.

The full measure of hope made possible for the mentally ill through today's enlightened approach to their problem has become a reality in New York State. Long a leader in the field, the state government has achieved in the last five years the establishment of a mental hygiene program which proposes to take full advantage of every modern development in psychiatric medicine. An administration alert to public needs and changing economic pressures has opened many avenues of expansion and improvement. The goals of the Department of Mental Hygiene cannot be reached this year or next, but many objectives have already been realized and others lie within grasp. There has been ample demonstration of the department's capacity for critical self-appraisal and adjustment to changing concepts. The pattern of development it has set for itself is designed to keep pace with the growing needs of New York State's mentally afflicted and the methods that medical science devises for care and treatment. This state, having pioneered in a century of progress from darkness to light, has mapped out a future dedicated to the search for knowledge and the efficient use of that knowledge in the service of those who have lost their most precious human endowment—the priceless gift of reason.

